



# BUSINESS LICENSE APPLICATION

Office of the City Clerk/Business Licensing & Enforcement Division/One City Hall Plaza/Manchester, NH 03101/(603) 624-6348

Date: \_\_\_\_\_

**Instructions:**

1. Please return all pages of this application with all applicable information completed.
2. Using the worksheet provided, figure the total business license fee.
3. Please make checks payable to the "City of Manchester".  
*Checks returned by your financial institution are subject to a \$30.00 penalty.*
4. The licensing year begins **May 1<sup>st</sup>**.  
*Applications received after this time may be subject to a late charge. New licenses will expire on April 30<sup>th</sup> of the following year, unless the licensed activities are otherwise limited or invalidated by local, state, or federal authority.*

## Section I. Identification

Applicant: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address (No P.O. Box): \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fed. Tax I.D. #: \_\_\_\_\_

Manager's Name(s): \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Property Owner's Mailing Address (No P.O. Box): \_\_\_\_\_

Property Owner's Telephone #: \_\_\_\_\_

As part of the application process, some city departments may need to contact your business to schedule an interview or an inspection. Please identify the person to be contacted and the best time(s) to call.

Contact Person: \_\_\_\_\_ Time(s): \_\_\_\_\_

## Section II. Business Information

### 1. BUSINESS ACTIVITIES:

*Please check all applicable sections:*

<input type="checkbox"/> Alarm ****(additional form required)	<input type="checkbox"/> Dance/Entertainment-Restaurant ***	<input type="checkbox"/> Performers/Exhibitors ***
<input type="checkbox"/> Amusement Devices **	<input type="checkbox"/> Downtown Sidewalk Encumbrance ***	<input type="checkbox"/> Raffle ****
<input type="checkbox"/> Amusement Device Vendor **	<input type="checkbox"/> Employment Agency *	<input type="checkbox"/> Secondhand Dealer *
<input type="checkbox"/> Antique Dealer *	<input type="checkbox"/> Entertainment Place of Assembly ***	<input type="checkbox"/> Sunday Activities *
<input type="checkbox"/> Arcade (6+ amusement devices) **	<input type="checkbox"/> Fair ***	<input type="checkbox"/> Tag Day ****
<input type="checkbox"/> Auctioneer/Auction House *	<input type="checkbox"/> Food Services/Petty Grocer*	<input type="checkbox"/> Taxicab/Dispatch Company *
<input type="checkbox"/> Christmas Tree Sales *	<input type="checkbox"/> Junk Dealer/Junk Collector *	<input type="checkbox"/> Towing Company *
<input type="checkbox"/> Circus/Carnival ***	<input type="checkbox"/> Noise Permit ***	<input type="checkbox"/> Sidewalk Encumbrance****
<input type="checkbox"/> Dance/Entertainment ***	<input type="checkbox"/> Peddler/Civic Center Peddler ***	<input type="checkbox"/> Other

(\*) Refer to Section II(1) (\*\*) Refer to Section II(2) (\*\*\*) Refer to Section II(3)  
(\*\*\*\*) Refer to Section VI (pg. 7) (\*\*\*\*\*) Separate form-see Customer Service Rep.

## Section II (cont.) Business Information - *License Fee Worksheet*

Following are the license fee categories for businesses and business activities in the City of Manchester. Please review each section and calculate the fees where appropriate.

1. Enter your business' square footage here to calculate your fee.
- If the square footage is already entered, this number is based figures submitted with your application from last year. If there have been no changes since last year continue to next applicable section. If there have been any changes, correct the square footage and calculate the fee for \_\_\_\_\_ sq. feet.
- To calculate the fee, the first 1,500 square feet is \$50.00 and \$2.00 per 100 square feet, or portion thereof, thereafter. Minimum fee is \$50.00; Maximum is \$1,000.00. **(Example: A business has 2,200 sq. feet. The license fee is \$50.00 for the first 1,500 sq. feet and \$14.00 for the next 700 sq. feet (\$2 x 7 = \$14) for a total of \$64.00.)**

\_\_\_\_\_

2. Enclosed Amusement Device Registration form must be filled out completely and submitted. Fees, per machine, are as follows
- a. \$25.00 for each children's amusement device (height and weight requirements for children only), skee ball, basketball device, pinball, concession game, pool table, or billiard table.
- Number of machines: \_\_\_\_\_ x \$25.00 =** \_\_\_\_\_
- b. \$50.00 for each juke box, centralized music system, video games, video dart machine, etc... **Number of machines: \_\_\_\_\_ x \$50.00 =** \_\_\_\_\_
- c. \$2,000.00 for each video poker or video slot machine.
- Number of machines: \_\_\_\_\_ x \$2,000.00 =** \_\_\_\_\_
- d. \$300.00 for Arcade License fee (six or more amusement devices). *Note: The count of devices is not to include pool tables, billiard tables, juke boxes or centralized music systems.* **Fee: \$300.00** \_\_\_\_\_
- e. An Amusement Device Vendor License fee is required of all device vendors. Device vendors located outside city limits are required to submit a list of all "Manchester accounts" along with a **\$100.00** license fee. Device vendors located within city limits shall maintain an "account log" and submit a license fee derived from the calculation above (item 1.) *Note: All records of accounts located in Manchester must remain accurate throughout the licensing period.* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. The licenses for the following activities may also require additional paperwork, state licenses, insurance certificates etc...
- a. Circus/Carnival **Fee: \$300.00**
- b. Dance/Entertainment and/or Entertainment Place of Assembly
- Class I – Non-Profit Org. **Fee: \$15.00/day**
- Class II – For Profit **Fee: \$100.00/day**
- c. Dance/Entertainment (Restaurant) **Fee: No Charge**
- d. Fair **Fee: \$300.00 (one day); \$50.00/add. day**
- e. Itinerant Photo/Magazine Sales **Fee: \$150.00/yr; \$25.00/wk; \$5.00/day**
- f. Noise **Fee: \$200.00/event**
- g. Peddler – City Wide **Fee: \$150.00/yr.; \$25.00/day**
- Civic Center Zone **Fee: \$400.00/yr; \$75.00/day**
- h. Performers/Exhibitors **Fee: \$10.00/day**

\_\_\_\_\_

### **\* Proration of Initial Annual License Fees \***

**Initial applications received after May 1, for certain activities, may be prorated as follows. (Call 603-624-6348 for details)**

**May 1 – Jul 31 100%    Aug 1 – Oct 31 75%**  
**Nov 1 – Jan 31 50%    Feb 1 – Apr 30 25%**

**(Total)**

### Section III. Amusement Device Registration

Complete the following registration form for any amusement devices on the premises (Coin-operated and/or Non-coin-operated devices). If there are more devices on the premises than space is provided for below, please attach a list of additional devices,

[illegible]

I, \_\_\_\_\_, hereby certify that all of the information presented above is true and accurate.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature and Title of duly authorized officer, owner or partner)

## Section IV. Business Principals & Signature

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*ALL SIGNATURES MUST BE OF AN OWNER OR DULY AUTHORIZED CORPORATE OFFICER.*

### 1. If a Sole Proprietorship:

Owner: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Residence: \_\_\_\_\_ Social Sec. #: \_\_\_\_\_  
\_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Signature: \_\_\_\_\_

### 2. If a Partnership:

Partner #1: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Residence: \_\_\_\_\_ Social Sec. #: \_\_\_\_\_  
\_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Partner #1: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Residence: \_\_\_\_\_ Social Sec. #: \_\_\_\_\_  
\_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Signature: \_\_\_\_\_

### 3. If a Corporation:

Corporate Name: \_\_\_\_\_  
Address (No P.O. Box): \_\_\_\_\_  
\_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fed. Tax I.D. #: \_\_\_\_\_  
(President) Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Residence: \_\_\_\_\_ Social Sec. #: \_\_\_\_\_  
\_\_\_\_\_  
Telephone #: \_\_\_\_\_  
(Vice President #1) Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Residence: \_\_\_\_\_ Social Sec. #: \_\_\_\_\_  
\_\_\_\_\_  
Telephone #: \_\_\_\_\_

Section IV (cont.)    Business Principals & Signature

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**3. If a Corporation (cont.):**

(Vice President #2) Name:	_____	D.O.B.:	_____
Residence:	_____	Social Sec. #:	_____
	_____	Telephone #:	_____
(Treasurer) Name:	_____	D.O.B.:	_____
Residence:	_____	Social Sec. #:	_____
	_____	Telephone #:	_____
(Secretary) Name:	_____	D.O.B.:	_____
Residence:	_____	Social Sec. #:	_____
	_____	Telephone #:	_____
(Clerk) Name:	_____	D.O.B.:	_____
Residence:	_____	Social Sec. #:	_____
	_____	Telephone #:	_____

Duly authorized signature: \_\_\_\_\_

Print name signed above: \_\_\_\_\_

\*Business Name \_\_\_\_\_ Business Activities \_\_\_\_\_

Section V. Department Signoffs

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*THE FOLLOWING SECTION MUST BE COMPLETED PRIOR TO ACCEPTANCE OF THE APPLICATION FOR CONSIDERATION. DEPARTMENTS MAY ATTACH CONDITIONS TO THE SIGNOFFS AND/OR INDICATE THAT APPROVAL IS TENTATIVE OR SUBJECT TO FURTHER REVIEW. PURSUANT TO SECTION 110.02(C) OF THE CODE OF ORDINANCES, DEPARTMENTS MAY PLACE ADDITIONAL RESTRICTIONS OR CONDITIONS ON CERTAIN ACTIVITIES.*

\_\_\_\_\_ **Planning & Community Development, One City Hall Plaza-West Wing 2<sup>nd</sup> Floor (603-624-6475)**

The above application has been reviewed by this department and applicant has met all permitting requirements. The business is consistent with zoning regulations or has been approved through variance. *The square footage reported appears to be accurate.*

Planning Department: \_\_\_\_\_

\_\_\_\_\_ **Health Department, 1528 Elm Street (603-624-6466)**

The above application has been reviewed by this department and applicant has met all permitting requirements and/or other requirements of this department.

Health Department: \_\_\_\_\_

\_\_\_\_\_ **Police Department, 405 Valley Street (603-668-8711)**

The above application has been reviewed by this department and applicant has met all permitting requirements and/or other requirements of this department.

Police Department: \_\_\_\_\_

\_\_\_\_\_ **Fire Department, 100 Merrimack Street (603-624-6507)**

The above application has been reviewed by this department and applicant has met all permitting requirements and/or other requirements of this department.

Fire Department: \_\_\_\_\_

\_\_\_\_\_ **Public Works Department, 475 Valley Street (603-624-6444)**

The above application has been reviewed by this department and applicant has met all permitting requirements and/or other requirements of this department.

Highway Department: \_\_\_\_\_

Parks and Recreation: \_\_\_\_\_

\_\_\_\_\_ **Parking Division, 25 Vine Street (624-6580)**

The above application has been reviewed by this department and applicant has met all permitting requirements and/or other requirements of this department.

Parking Division: \_\_\_\_\_

Signoffs will be  
needed from the  
depts. above in  
the indicated  
order.

## Section VI. ADDITIONAL ACTIVITIES

**THIS SECTION IS FOR ALL CIRCUS, CARNIVAL, DANCE & ENTERTAINMENT, ENTERTAINMENT PLACE OF ASSEMBLY, FAIR, PEDDLER, PERFORMER AND EXHIBITOR, RAFFLE & TAG DAY APPLICANTS.**

### Note to all Carnival, Circus, or Fair applicants

All applicants must submit a completed application with the following documentation:

1. A certificate of insurance (\$500,000.00 minimum limit).
2. A copy of all applicable licenses issued by the State of New Hampshire.
3. A list of persons/vendors who shall be allowed to display any merchandise, article, or thing at the event.

**Also...**License applications must be submitted with all applicable department signoffs (see page 6). Carnival and Circus applicants must submit applications **45 days in advance** and may be required to submit additional signoffs, not shown on page 6. Additional documentation may be required by the Office of the City Clerk.

### Note to all Peddler / Magazine Sales applicants

All applicants will need to submit a completed application with the following documentation:

1. A certificate of insurance (\$500,000.00 minimum limit).
2. A copy of a Hawkers & Peddlers issued by the State of New Hampshire.
3. A copy of a license issued by the Manchester Health Department (for any food or beverages sales).
4. Two Passport Photos (for identification card)
4. Complete certified criminal record for the previous 5 years. (wherever you may have resided)
4. A description and photo of any stand or vehicle to be used (including license and registration).
5. Written permission from all abutting landowners and/or tenants at each business locations. (Peddlers only)
6. Government issued picture identification

**Also...**License applications must be submitted with all applicable department signoffs (see page 6). Additional documentation may be required by the Office of the City Clerk.

**\* Be sure to include all details for your event including diagrams if applicable. Attach as many additional pages as necessary. Failure to provide full disclosure of an event may result in the delay or denial of an application.**

Business location (or location of sale or event): \_\_\_\_\_

Business Telephone #: \_\_\_\_\_

Name and address of person(s) to contact if other than above

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Types of merchandise being sold: \_\_\_\_\_

Day(s) and date(s) of event/sale: \_\_\_\_\_

Hours of operation: \_\_\_\_\_ Admission charge: \_\_\_\_\_

Previously held a license issued by City Clerk: ☐ No ☐ Yes Type: \_\_\_\_\_

Who will the event/sale benefit (if other than applicant): \_\_\_\_\_

Additional remarks or details: \_\_\_\_\_